



Spring Lake Public Schools
Holmes/Jeffers Elementary School
Enrollment Form

For Office Use Only	
Teacher Placement	_____
Start Date	_____ ID # _____
Date records requested	_____
Date records received	_____
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunizations
<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Guardianship

Student Name _____
 (Legal) Last First Middle

Address _____
 Number Street Lot or Apt. #

_____ City State Zip Code Home Phone Number

Date of Birth (M/D/Y) _____ Place of Birth (City & State) _____

Gender (Circle one) M F Ethnic Group _____

Grade _____ Has student been receiving Special Education Services? (Circle one) Yes No

COMPLETE NAME AND ADDRESS OF LAST SCHOOL ATTENDED (Including Pre-school Programs):				

Name of School				

Address	Street	City	State	Zip Code

Spring Lake School District Resident (Circle one) Yes No If no, School District of Residence _____

Student Resides with (Circle one) Parents Father Mother Guardian

If Guardian, do you have legal guardianship? (Circle one) Yes No

Mother's Name _____ Home Phone (____) _____ Cell Phone (____) _____
 (first and last)

Address _____ Email _____
 (street, city, state, zip)

Place of Employment _____ Occupation _____ Work Phone (____) _____

Father's Name _____ Home Phone (____) _____ Cell Phone (____) _____
 (first and last)

Address _____ Email _____
 (street, city, state, zip)

Place of Employment _____ Occupation _____ Work Phone (____) _____

Stepmother's Name _____ Phone (____) _____

Stepfather's Name _____ Phone (____) _____

Doctor's Name _____ Phone (____) _____

In the event of a serious illness or injury, the parent will be contacted directly at home or work. For other situations that arise (illness, etc), we will try parents first. If parents cannot be reached, please list two people to contact below:

1. Name _____ Phone (____) _____ Relationship to Student _____

2. Name _____ Phone (____) _____ Relationship to Student _____

PLEASE COMPLETE REVERSE SIDE

Family History Data:

	Mother	Father
Names		
Country or State of Birth		
Language in Home		
Highest Grade Completed		
Marital Status		

All other children in the household:

Name	Birthdate	School Attending

Custodial Issues:

Please list any custodial issues the school needs to be aware of. _____

Physical Problems:

If your son or daughter has a physical problem that you feel the school should be aware of (such as extreme reaction to bee sting, peanut allergies, latex allergies, or asthma), please indicate. Teachers will be given a confidential list of student health problems in order to be adequately informed and able to assist with a problem if necessary.

Medications:

If your son or daughter will be taking any type of medication, prescription or non-prescription there must be a medication form on file in the office and the medication must be supplied by the parent/guardian. The school cannot give out any type of non-prescription medication (Tylenol, Ibuprofen, cough drops, eye drops) that has not been supplied by the parent/guardian accompanied by the medication form. If your son or daughter is asthmatic or a diabetic, a management plan also needs to be on file. All forms are available in the school office.

Authorization for Emergency Medical Treatment:

The following information is taken from the Michigan Department of Consumer and Industry Services pursuant to Public Act 116 and Administrative Rule 127.1(1).

In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by a designated representative of Spring Lake Public Schools to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s) for my child. The person herein described is in good health, has all required immunizations current, and I assume the health responsibility for the individual.

According to Michigan law, we must release children to either parent, unless the school has in its possession a legal document that establishes custody or guardianship. I certify that all the information I have listed on this form is true.

Signature of Parent/Guardian

Print Name

Date

Please note: Once students start school in one elementary building, every effort will be made to allow them to continue in that building. However, in the rare occasion when, due to class sizes, it becomes necessary to move students from one building to the other, the following criteria will be used: 1) Volunteers; 2) Non-resident students who have been in the building for no more than one year and who were not students in Spring Lake prior to becoming non-resident students; 3) Students most recently enrolled who live more than one mile from the school they are attending. Efforts will be made to avoid transferring students who have siblings in their current building.